

**CUSTOMER INFORMATION SHEET**

(This document provides only key information about your policy,  
Please refer to the policy document for detailed terms and conditions.)

SI No	Title	Description	Policy /Clause Number
1	Product Name	Public Liability Insurance	
2	Unique Identification Number allotted by IRDAI	IRDAN144RP0009V01201112	
3	Structure	Basis of Sum/Limit Insured: Indemnity	-
4	Interests Insured	Liability arising out of covered incidents in the insured premises	-
4	Sum Insured	As specified in policy schedule	-
6	Policy Coverage	<p><b>INDEMNITY CLAUSE</b></p> <p>Subject to the terms, exception and conditions contained herein or otherwise endorsed hereon, the Company will indemnify the Insured against their legal liability (other than liability as per the Public Liability Insurance Act, 1991 or any other statute of a similar or like nature that may come into force after the issue of this Policy) to pay compensation for and/or arising out of Injury and/or Damage (including claimants' costs fees and expenses) in accordance with the law of India (unless otherwise specifically provided in the Schedule to this Policy) excluding any judgment award payment or settlement made within countries which operate under the laws of the United States of America or Canada (or to any order made anywhere in the world to enforce such judgement award or settlement either in whole or in part).</p> <p>The indemnity only applies to claims, arising out of accident occurring in the insured premises during the Period of Insurance, first made in writing against the Insured and notified to the Company by the Insured in writing during the Policy Period or applicable extended reporting period. The Insured is indemnified only against the claims arising out of or in connection with the Business specified in the Schedule and not against claims arising out of or in connection with:-</p> <p>a) Pollution howsoever caused unless specifically covered b) Any product.</p> <p><b>INDEMNITY TO OTHERS</b></p> <p>c) Officials of the Insured in their business capacity arising out of the performance of their business or in their private capacity arising out of their temporary engagement of the Insured's employees;</p>	Indemnity Clause and Indemnity to others

		<div>d) The officers, committees and members of the Insured's canteen, social, sports, medical, fire fighting and welfare organizations in their respective capacities as such;</div> <div>e) The personal representatives of the estate of any person who would otherwise be indemnified by this Policy but only in respect of liability incurred by such person.</div>									
7	Add-on Cover	As per policy Schedule.	-								
8	Loss Participation	As specified in policy schedule.	-								
9	Exclusions	As per Policy Wordings	14. Exclusions								
10	Special Conditions and Warranties	As specified in policy schedule.	-								
11	Admissibility of Claim	<div><b>Admissibility/Denial:</b></div> <div><ul style="list-style-type: none"><li>Admissibility/Denial of claim shall depend on the nature of incident and its coverage under the policy and the policy terms, conditions and exclusions.</li><li>Based on the nature of the incident, a surveyor, investigator or legal counsel may be appointed.</li><li>The appointed vendor shall survey and collect necessary documents and submit their findings to the insurer.</li><li>The insurer, after suitable examination of documents, shall convey their decision to the insured.</li></ul></div> <div>The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings.</div> <div>The Claim will be settled as per below working: -</div> <table><tr><th>Description</th><th>Amount (INR)</th></tr><tr><td>Gross assessed Loss</td><td>-</td></tr><tr><td>Less Policy Deductible</td><td>-</td></tr><tr><td>Amount Payable</td><td>-</td></tr></table>	Description	Amount (INR)	Gross assessed Loss	-	Less Policy Deductible	-	Amount Payable	-	-
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12	Policy Servicing Claim Intimation and Processing	<div>For Policy/Claims Servicing, reach out to us at:</div> <div><div>1. Toll Free No:1800 22 1111 / 1800 102 1111. (24/7)</div><div>2. Email notification to central email address: customer.care@sbigeneral.in</div><div>3. By submitting the information in the Claim intimation Template given below at any SBIGIC Branch<ul style="list-style-type: none"><li>Policy Number</li><li>Date Of loss</li><li>Estimated of loss</li></ul></div></div>	-								

		<ul style="list-style-type: none"><li>• Loss Description</li><li>• Contact person at loss Site.</li><li>• Via the website <a href="http://www.sbigeneral.in">www.sbigeneral.in</a></li></ul> <p>4.Turn Around Time (TAT) for claims settlement where Surveyor is appointed:</p> <ul style="list-style-type: none"><li>• Submission of survey report: within 15 days of appointment.</li><li>• Settlement of claim: Within a period of 7 days from the Intimation of claim or receipt of the final survey report.</li></ul> <p>Refer below to the Escalation Matrix when TAT is not satisfied:</p> <table><tr><th>Zone</th><th>Escalation Level</th><th>Email ID</th></tr><tr><td>All Zone</td><td>First Level</td><td>specialityclaims@sbigeneral.in</td></tr><tr><td>All Zone</td><td>Second Level</td><td>customer.care@sbigeneral.in</td></tr><tr><td>All Zone</td><td>Third Level</td><td>gro@sbigeneral.in</td></tr></table>	Zone	Escalation Level	Email ID	All Zone	First Level	specialityclaims@sbigeneral.in	All Zone	Second Level	customer.care@sbigeneral.in	All Zone	Third Level	gro@sbigeneral.in	
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13	Grievance Redressal and Policyholders Protection	<p>In accordance with PPHI Regulations, the Company has adopted Grievance Redressal Policy, where in the Grievance Redressal Procedure, details of GRO, Ombudsman details and link to Bima Bharosa Portal is displayed,</p> <p><b>Stage 1</b> If you are dissatisfied with the resolution provided above or for lack of response, you may write to <a href="mailto:head.customer.care@sbigeneral.in">head.customer.care@sbigeneral.in</a> .We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p><b>Stage 2</b> In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> or contact Toll free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7).</p> <p>Grievance Redressal and Policyholders Protection <a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/</a></p> <p><b>Stage 3</b> In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may register your complaint with IRDAI on the given below link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 4</b> If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for redressal of your grievance. The details of the Insurance Ombudsman can be accessed at <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>.</p>	Grievance Redressal												

14	Obligations of prospective Policyholder / Customer	<ul style="list-style-type: none"> <li>To disclose all material information at the time of filing the proposal form.</li> <li>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately.</li> <li>Non-disclosure of material information about the insured Asset like Addition/Deletion of contents, Addition/Deletion/Change of Hypothecation, Change in Nominee Name, Address or asset details etc. may affect the claim settlement.</li> </ul>	-
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**Declaration by the Policyholder :**

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

**Note:**

- For product related documents including Customer Information Sheet, kindly refer to the link : <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.